



Houston Police Department

CJIS Security Awareness

Training Certification Form



CJISID: _____

Criminal Justice Information Services (CJIS) Security Policy

I acknowledge that I have viewed the Security Awareness course material provided by HPD or have attended Security Awareness Training provided by my employer. I further acknowledge that I am responsible for familiarizing myself with the documents contained on the Security Awareness training and that I can be held civilly and/or criminally accountable for failing to comply with the rules and requirements set forth therein. As per CJIS Regulations this training must be attended every two years. **Consider all fields on this form MANDATORY.**

Please Complete on the Computer or Print Legibly:

First Name: _____ Last Name: _____

Date of Birth _____ Identification Number _____ State: _____

Email: _____
Company or Personal Email

Classroom Training Provided by: _____
Company and Phone Number

Date of Training: _____

☐ HPD Training ☐ Classroom Training

(Check Type of Training)

By signing this form I acknowledge that I have viewed the Security Awareness Presentation through HPD or received Security Awareness Training through a Company Training program and understand the rules, regulations and security associated with working on computers, computer networks, or in facilities that may provide access to criminal justice information.

Signature: _____ Date: _____